1AY 3 0 2006	}	Application N	umber 10	PTO/SB/21 (09-0 0/612,884	
RANSMITTAL		Filing Date			
T N	FORM	First Named I		uly 2, 2003	
	1 OKW	Art Unit		OUGHTON 648	
		Examiner Nar		Chen	
	Il correspondence after initial filli Pages in This Submission	18 Attorney Dock		P019545.0003 (2300-19545)	
Total Number of F	ages III This outlinesson				
		ENCLOSURES	(Check all that appl	/y) After Allowance Communication to TC	
Amendmen Aff Aff Extension Express A Information Certified C Document Reply to M Application Re	lissing Parts/ Incomplete	Change of Cor Terminal Discle Request for Re CD, Number of Landsca	vert to a plication ney, Revocation respondence Address aimer fund f CD(s)	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Request for Continued Examination (2 pgs) Check for \$1810.00 Return Receipt Postcard	
N	SIGNA	TURE OF APPLICA	ANT, ATTORNEY,	OR AGENT	
irm Name	Robins & Pasterna	ak LLP			
ignature	set	l		· · · · · · · · · · · · · · · · · · ·	
rinted name	Roberta L. Robins		-		
Date May 25, 2006			Reg. No.	33,208	
hereby certify th		ERTIFICATE OF TI		AILING ervice with sufficient postage as first class mail in	

May 25, 2006

Date

Denise M. Vaillancourt

Typed or printed name

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	FEE TRANSMITTAL
	For FY 2005
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Complete if Known		
Application Number	10/612,884	
Filing Date	July 2, 2003	
First Named Inventor	HOUGHTON	
Examiner Name	S. Chen	
Art Unit	1648	
Attorney Docket No.	PP019545.0003 (2300-19545)	

	Examiner Name		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	S. Chen 1648	
TOTAL AMOUNT OF PAYMENT (\$) 1810.00	Attorney Docket No.	PP019545.0003 (2300	10545)
	Attorney Docket No.	111019343.0003 (2300	7-19040)
METHOD OF PAYMENT (check all that apply)			
Check Credit Card Money Order No	ne Other (please ide	entify):	
Deposit Account Deposit Account Number: 18-1648	Deposit Account Nar	ne: Robins & Pasternak I	LLP
For the above-identified deposit account, the Director is	hereby authorized to: (ch	eck all that apply)	
Charge fee(s) indicated below		s) indicated below, except	for the filing fee
Charge any additional fee(s) or underpayments of under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card I Information and authorization on PTO-2038	Credit any o	overpayments cluded on this form. Provide o	redit card
FEE CALCULATION	· · · · · · · · · · · · · · · · · · ·		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity		KAMINATION FEES Small Entity	
		ee (\$) Fee (\$)	Fees Paid (\$)
Utility 300 150 5	00 250	200 100	
Design 200 100 1	00 50	130 65	
Plant 200 100 3	00 150	160 80	
Reissue 300 150 5	00 250	600 300	
Provisional 200 100	0 0	0 0 _	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 or, for Reissues, each independent claim over 3 or, for Reissues, each independent claims over 3 or, for Reissues, each independent claims.			Small Entity Fee (\$) Fee (\$) 50 25 t 200 100 360 180
Multiple dependent claims Total Claims Extra Claims Fee (\$)	ee Paid (\$) N	lultiple Dependent Claims	
-20 or HP = X =		Fee (\$) Fee Paid (
-3 or HP = X = HP = highest number of independent claims paid for, if greater than 3	ee Paid (\$)		_
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of p	aner the annlication si	ze fee due is \$250 (\$125	for small entity)
for each additional 50 sheets or fraction thereof. Se <u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of</u>		and 37 CFR 1.16(s).	Fee Paid (\$)
4. OTHER FEE(S)0			Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)			
Other: RCE Petition to Extend Time			790 1020

SUBMITTED BY				
Signature	med	Registration No. (Attorney/Agent)	Telephone (510) 923-2969	
Name (Print/Type)	Roberta L. Robins	33,208	Date May 25, 2006	